



STATE OF WASHINGTON
APPLICATION TO ENTER A WATER RIGHT INTO
THE TRUST WATER RIGHT PROGRAM

NOTE: THIS FORM IS ONLY TO BE USED FOR THE
ACQUISITION OF WATER INTO THE TRUST WATER RIGHT PROGRAM

(Check all that apply.)

- ☐ Lease
☐ Purchase
☒ Donation
☐ Other

Explain: _____

☒ Portion of the identified existing water right

IF FOR SEASONAL OR TEMPORARY, START DATE: Upon Acceptance
END DATE: 12/31/2031

FOR OFFICE USE ONLY	
FILE No. <u>CS4-00170567b</u>	WRIA <u>39</u>
DATE ACCEPTED <u>02/16/2012</u>	BY <u>[Signature]</u>
FEE \$ <u>0</u>	REC'D <u>02/13/2012</u>
CHECK No. <u>[Signature]</u>	
SEPA: <input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	

IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)

1. Applicant Information:

APPLICANT/BUSINESS NAME Taylor Ranches, LLC	PHONE NO. ()	FAX NO. ()
ADDRESS 3012 Highway 97		
CITY Ellensburg	STATE WA	ZIP CODE 98926

CONTACT NAME (IF DIFFERENT FROM ABOVE) Jeff Slothower	PHONE NO. (509) 925-6916	FAX NO. (509) 962-8093
ADDRESS PO Box 1088		
CITY Ellensburg	STATE WA	ZIP CODE 98926

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER CS4-00170CTCL@2 (KIT-06-12)	RECORDED NAME(S) Taylor Ranches, LLC
DO YOU OWN THE RIGHT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
ARE WATER DIVERSIONS/WITHDRAWALS OF THIS WATER RIGHT METERED OR MEASURED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IMPORTANT! PROVIDE INFORMATION SHOWING THE EXTENT OF WATER USE FOR EACH OF THE LAST FIVE years (See Water use data Collection Reporting Form submitted contemporaneously herewith)	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

COVER CLAIM 00170 SUB 7 REPER 05-24-1884 = 54-83654-J	FOR OFFICE USE ONLY
WATER RIGHT NO. _____	FILE (contract) NO. _____
CS4-00170567b	

ORIGINAL

3. How is Water to be Made Available for Trust?

<input type="checkbox"/> Alteration in method of diversion	<input type="checkbox"/> Alteration in water use/ irrigated acreage
<input type="checkbox"/> Alteration in method of delivery/conveyance	<input type="checkbox"/> Nonuse of one or more points of diversion
<input type="checkbox"/> Alteration in method of water application	<input checked="" type="checkbox"/> Nonuse of all or a portion of the named water right
<input type="checkbox"/> Alteration in type of crop	<input type="checkbox"/> Other, Explain below:
Name of funding source(s):	

WATER RIGHT DESCRIPTION *

4. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Dry Creek		SW	SE	20	18	18 E.		

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

5. Purpose of Use:

A. Existing Use of the Water Right

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Instream Flow	1.249 cfs	180.923	April 1 to October 15

B. Proposed Purpose of the Trust Water Right:

DESCRIBE THE PURPOSE(S) OF USE DURING THE PERIOD OF TRUST:	
PURPOSE OF USE	ACRE-FEET/YR
Instream Flow	180.923

6. Place of Use:

A. Existing:

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
That portion of the NW ¼NE ¼ Section 29, T. 18 N., R. 18 E.W.M., lying west of the Willow/Scott Ditch and east of Dry Creek.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NW	NE	29	18	18 E.	Kittitas		
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

* If additional space is needed, please continue on the form: Attachment for Application to Enter a Water Right into the Trust Water Right Program.

6. Place of Use (continued)

B. Proposed:

IDENTIFY THE WATER BODY TO BE BENEFITED OR OTHER PLACE TO BE BENEFITED
Instream flow

7. Remarks and Other Relevant Information:

The water right was the subject of Ecology change/transfer decision under CS4-00170CTCL@2 (KIT-06-12). The Report of Examination required the unused portion of the water right as the result of the improved irrigation system to be donated to trust for the life of the system. The remainder of the water right is being used to irrigate the authorized place of use, through the new irrigation system. See Exhibit A hereto for a calculation of the amount of water to be donated to trust.

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

8. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I hereby grant staff from the Department of Ecology access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

<u>Peterson MS2</u> (Applicant)	<u>2 / 8 / 12</u> (Date)
<u>Peterson MS2</u> (Water Right Holder)	<u>2 / 8 / 12</u> (Date)
<u>Peterson MS2</u> (Landowner(s) of Existing Place of Use)	<u>2 / 8 / 12</u> (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):	
<input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED	<input type="checkbox"/> SECTION _____ IS INCOMPLETE
<input type="checkbox"/> OTHER/EXPLANATION: _____	
STAFF: _____	DATE: ____/____/____

EXHIBIT A

	A	B	C	D	E	F	G	H	I
2	Change/Transfer #	Irrigated Acres	% of Total Acres	af/yr used	cfs used	af/yr confirmed	cfs confirmed	af/yr to Trust	cfs to Trust
3	CS4-00170CTCL (KITT 04-04)	17	19.10%	52.657	0.073	294.400	0.920	241.743	0.847
4	CS4-00170CTCL@1 (KITT 04-05)	26	29.21%	80.534	0.111	603.200	3.700	522.666	3.589
5	CS4-01745ACTCL (KITT 04-06)	30	33.71%	92.924	0.128	348.000	7.200	255.076	7.072
6	CS4-01745ACTCL@1 (KITT 04-07)	7	7.87%	21.682	0.030	81.200	1.680	59.518	1.650
7	CS4-00170CTCL@2 (KITT 06-12)	9	10.11%	27.877	0.038	208.800	1.287	180.923	1.249
8	Totals	89	100.00%	275.674	0.381	1535.600	14.787	1259.926	14.406